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CONFIRMATION NO. 6154

SERIAL NUMBER 08/851,628	FILING OR 371(c) DATE 05/06/1997 RULE	CLASS 514	GROUP ART UNIT 1647	ATTORNEY DOCKET NO. JJJ-PO1-515	
APPLICANTS CHARLES M. COHEN, WESTON, MA; KUBER T. SAMPATH, HOLLISTON, MA; Slobodon Vukicevic, Zagreb, CROATIA;					
** CONTINUING DATA ***** This application is a CIP of 08/643,321 05/06/1996 PAT 6,498,142					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/02/1997					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY MA	SHEETS DRAWING 6	TOTAL CLAIMS 58	INDEPENDENT CLAIMS 2
ADDRESS 28120					
TITLE NOVEL THERAPIES FOR CHRONIC RENAL FAILURE					
FILING FEE RECEIVED 920	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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** CONTINUING DATA *****

*all amendments
filed
2/22/99
D.R.
9/15/14*
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STATE OR

COUNTRY
MA

SHEETS

DRAWING
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TOTAL

CLAIMS
58

INDEPENDENT

CLAIMS
2

ADDRESS

28120
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02110-2624

TITLE

NOVEL THERAPIES FOR CHRONIC RENAL FAILURE

FILING FEE

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920

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